

Purpose:

In an effort to assist members and insureds with patient safety goals and claims reduction, a pool of money has been set aside to help fund patient safety/risk reduction activities at member facilities and medical groups. These funds are generally 1% of the member/insured's annual contribution/premium, subject to certain minimums and maximums.

Scope:

This policy applies to members and insureds of BETA Healthcare Group (BETA), which includes BETA Risk Management Authority and Health Providers Insurance Reciprocal, a Risk Retention Group.

Guidelines:**1. Qualifications**

Reimbursement using these funds is limited to educational activities and programs that augment our joint endeavor to manage liability risks. *Funds may **not** be used to meet regulatory or accreditation requirements unless they are directly linked to risk/quality/safety.*

Examples of the types of programs that are eligible for reimbursement include:

- a. Training that improves patient care and safety (for example, clinical competencies, fetal monitoring, documentation/communication skills and team training).
- b. Education of key personnel, or content expert to specialize in an area, such as patient informed-consent or complaint and grievance management.
- c. Registration for professional meetings, membership in professional organizations, purchase of professional society publications and periodicals.

2. Travel

BETA will reimburse event attendees:

- a. **Mileage** at the IRS approved rate round-trip (minus regular work commute miles), or round-trip airline coach fare. If you qualify for airfare reimbursement, the mileage to the airport (minus regular work commute miles) and shuttle or taxi fare to/from the airport and the venue will also be reimbursed.
- b. **On-site parking** fees at the site of the eligible event.
- c. **Hotel accommodations** at the single occupancy rate if the commute to the event location is 40 miles or further from your home.
- d. **Meals** up to \$60 per day; all receipts must be provided.

NOTE: Expenses that will **not** be reimbursed include: gratuities greater than 20%, laundry, valet, telephone, internet, in-room movie, health club and spousal/companion expenses.

3. Required Documents

Itemized receipts are required for all expenses submitted for reimbursement, including the detailed hotel bill, and must accompany the completed reimbursement form. Certificates of attendance are required for all courses, seminars and conferences.

4. Reimbursement Checks

Reimbursement checks will be issued within ten business days following the receipt of your request.

5. Deadline for Submission

Requests for reimbursement must be submitted within the policy coverage period. Requests submitted after the policy coverage period has ended will not be processed and remaining funds will be forfeited.



Risk Management Resource Fund

For reimbursement, please fill out the form below and send to:

Risk Management - Admin

BETA Healthcare Group
1443 Danville Boulevard
Alamo, CA 94507
925.838.6070 **MAIN** | 925.838.6088 **FAX**

ATTENDEE NAME _____

HOSPITAL/FACILITY/MEDICAL GROUP _____

EVENT INFORMATION:

TITLE _____

DATE _____

LOCATION _____

EXPENSES

Hotel \$ _____

Meals \$ _____

Taxi / Shuttle / Parking \$ _____

Total miles driven _____ (-) less work commute _____ = Qualified mileage _____ x \$0.555 per mile \$ _____

Total \$ _____

AUTHORIZED SIGNATURE _____

PRINTED NAME _____

Please attach all itemized receipts for expenses submitted.

Make check payable to:

NAME _____

MAILING ADDRESS _____

PHONE NUMBER/EMAIL ADDRESS _____